STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in	(Check if name Example: If typying, type is changed) over the lines	12FE4M5
Allstate Insura	nce Company PAC	
ADDRESS (number and s	treet) 2775 Sanders Road Suite A5	
(Check if address is changed)		
	Northbrook	IL
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)		
(Check if address is changed)	PAGE ADDRESS (URL)	
2. DATE 0.2	23 2011	
3. FEC IDENTIFICA	TION NUMBER C C00040253	
4. IS THIS STATEM	ENT NEW (N) OR X AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is true, correct Treasurer Mario Rizzo	and complete
Signature of Treasurer	Electronically Filed by Mario Rizzo	Date 02 / 23 / YYYYY
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this S ANY CHANGE IN INFORMATION SHOULD BE REPORTE	•
Office Use Only	For further informatic Federal Election Comm Toll Free 800-424-953 Local 202 694, 1100	ission FEC FORM 1